

# State of Washington Charter School Commission

## Notice of Intent to Apply

This information will be used to ensure that your applicant group receives all of the appropriate communications from the Commission throughout the charter application process.

<b>Name of Non-Profit Applicant/Organization</b>		Path to Success		
<b>Primary Contact Information</b>				
Name	Linda Osborne			
Address	1157 3rd Ave Suite #125			
Phone	360-577-3939			
Email	linda@longviewgateway.com			
<b>Partner Information IF APPLICABLE</b>				
<b>Basic Information for School Opening Fall 2014</b>				
<b>Proposed School Name</b>	<b>Opening Year</b>	<b>Geographic Community and/or City</b>	<b>Grades served Year 1</b>	<b>Grades served at capacity</b>
Path to Success	2014	Longview/Cowlitz	K-8	K-12
Model	<input checked="" type="checkbox"/> New <input type="checkbox"/> Conversion      County			
<b>Proposed School Description</b>				
School Model Specialty (check all that apply)	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Alternative  <input type="checkbox"/> Arts  <input checked="" type="checkbox"/> Blended Learning  <input type="checkbox"/> Career and Technical Education  <input type="checkbox"/> College Prep  <input type="checkbox"/> Other (list):         </div> <div style="width: 48%;"> <input type="checkbox"/> Disability (list):  <input type="checkbox"/> Language Immersion  <input type="checkbox"/> Military  <input type="checkbox"/> Montessori  <input type="checkbox"/> STEM  <input type="checkbox"/> Virtual         </div> </div>			
In 100 words or less, briefly describe the mission and vision of your proposed school	Path to Success is dedicated to providing students quality instruction using individualized teaching strategies that support the whole child.			

I certify that I have the authority to submit this Letter of Intent and that all information contained herein is complete and accurate. I recognize that any misrepresentation could result in disqualification from the application process or revocation after authorization. The person named as the contact person for the application is so authorized to serve as the primary contact for this application on behalf of the organization.

Signature of Primary Contact

RECEIVED

10-22-2013

Date

OCT 24 2013

LEGISLATIVE AND  
POLICY OFFICE